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(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

1. Una Connolly

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of Ireland
residing at Lissoy, The Pigeons, Athlone, County Westmeath, Ireland **TEX**

and that I am executing and signing the declaration to which this is attached as (check one):

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ legal representative (or heirs) of

Patrick Joseph Connolly

Full name of (first, second etc.) deceased or incapacitated inventor
Ireland

Country of citizenship of deceased or incapacitated inventor
Lissoy, The Pigeons, Athlone, County Westmeath, Ireland.

Residence of deceased or incapacitated inventor
Lissoy, The Pigeons, Athlone, County Westmeath, Ireland.

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts which the inventor is required to state.

Date: 14/6/01

Una Connolly
(Signature of administrator(trix), executor(trix)
legal representative (or all heirs))

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a).

We hereby certify that the foregoing has been compared with and
is a true and accurate copy of the last Will and Testament of
Patrick Connolly deceased.

Signed; *Walker O' Carroll + Hogan*
WALKER O' CARROLL & HOGAN

This is the Last Will and Testament of me Patrick Connolly of Lissoy, The Pigeons, Athlone, Co. Westmeath. I hereby revoke all prior Wills and other Testamentary dispositions heretofore made by me.

1. If my Wife, Una Connolly survives me by 30 days I GIVE DEVISE AND BEQUEATH the whole of my estate to her and I appoint her my Executrix but if she does not survive me by 30 days the following provisions shall apply:

2.(a) I appoint my friend, Richard Gillman of Cappantymore, Meelick, Co. Clare Executor of this my Will. My Executor shall be entitled to charge all the usual professional fees and outlays in connection with the administration of my estate. I direct my Executor to pay all my lawful debts funeral and testamentary expenses.

(b) I give devise and bequeath all my property both real and personal that I may die possessed of entitled to my three children, Carmel, David and Susan as tenants in common in equal shares absolutely.

In witness whereof I have to this my Will set my hand this 9th day of November 1998.

Patrick Connolly

Signed published and declared by the Testator as and for his Last Will and Testament in the presence of us both present in his presence at his request and in the presence of each other have hereunto signed our names as Witnesses.

Witness: Sarah Anne

John Connolly
= Sarah
AT More

Page 1 of 1

M. Elizabeth

Barley

The person authorised by law to perform the duties of district registrar for the district of the Counties of Offaly and Westmeath

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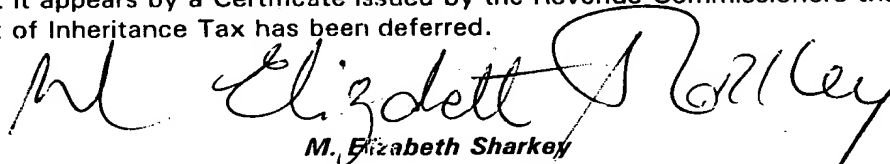
**THE HIGH COURT
PROBATE**

The District Probate Registry at Mullingar

BE IT KNOWN, that on the 8th day of September, 2000 the last Will a copy of which, signed by me, is hereto annexed, of **PATRICK JOSEPH (IN WILL CALLED PATRICK) CONNOLLY** late of Lissoy, The Pigeons, Athlone in the County of Westmeath, Engineer deceased, who died on or about the 30th day of June, 1999 at Mater Private Hospital Dublin and who at the time of death had a fixed place of abode at Lissoy, The Pigeons, Athlone in the County of Westmeath within the District of this Probate Registry was proved, and registered in the The District Probate Registry at Mullingar and that the Administration of all the estate which devolves to and vests in the personal representative of the said deceased was granted by the Court to **UNA CONNOLLY** of Lissoy, aforesaid, Teacher, widow of the deceased the sole Executrix named in the said Will she having been first sworn faithfully to administer the same.

And it is hereby certified that an Affidavit for Inland Revenue has been delivered wherein it is shown that the gross value of all the Estate of the said deceased within this jurisdiction (exclusive of what the deceased may have been possessed of or entitled to as a Trustee and not beneficially) amounts to IR£651,734.87 and that the net value thereof amounts to IR£648,362.89.

And that it appears by a Certificate issued by the Revenue Commissioners that the payment of Inheritance Tax has been deferred.


M. Elizabeth Sharkey

The person authorised by law to perform the duties of District Probate Registrar for the District of the Counties Offaly and Westmeath

Extracted by Walker O' Carroll & Hogan, Athlone Solicitors
IR£282.00



DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY

03

ATTORNEY'S DOCKET NO. #4

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT PAPER CONVENTION
FROM PRIORITY OR PROVISIONAL APPLICATIONS

I, the undersigned inventor, declare that my residence, post office address and citizenship are stated below next to my name. The information given herein is true. That I believe that I am the original
inventor (if only the name is stated at 201 below), or an original, first and joint inventor (if plural inventors are stated below at 201-203, or on additional sheets attached hereto) of the subject
invention and for which patent is sought on the invention entitled:

"A therapeutic bed"

which is described and claimed in:

☐ the attached specification

☒ PCT International Application No. PCT/IE99/00049

☐ the specification in application Serial No. _____

Date June 3, 1999

(if applicable) and amended on _____

I hereby declare that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate filed before and have also identified below any
foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

S98 0415

Ireland

03/06/1998

Priorly Claimed

☒ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

(Number)

(Country)

(Date/Month/Year Filed)

(Number)

(Country)

(Date/Month/Year Filed)

(Number)

(Country)

(Date/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §111(b) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, further, on the subject matter of each of the claims of this application to not
disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose information which is material to
patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this
application.

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) (Registration No.) to prosecute this application, receive and act on instructions from my agent,
and transmit all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (23,651); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN
(22,789); MARVIN R. STERN (20,846); ALLEN S. MELSER (27,215); MICHAEL R. GLOBASKY (28,421); JONATHAN L. SCHERER (29,651); IRWIN M. AISENBERG (19,007);
WILLIAM E. PLAYER (31,688); YOON S. NAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 88138

JACOBSON, PRICE, HOLMAN & STERN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-8888

JACOBSON, PRICE, HOLMAN & STERN
PROFESSIONAL LIMITED LIABILITY COMPANY

Inventor(s) name must include at least one unabbreviated first or middle name.

1-01 2-00 200	FULL NAME * OF INVENTOR	FAMILY NAME <u>CONNOLLY</u>	GIVEN NAME <u>Patrick</u>	MIDDLE NAME <u>Joseph</u>
	RESIDENCE & CITIZENSHIP	CITY <u>Athlone</u>	STATE OR FOREIGN COUNTRY <u>Ireland</u>	COUNTRY OF CITIZENSHIP <u>Ireland</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Lisboy, The Pigeons,</u>	CITY <u>Athlone, County Westmeath</u>	STATE OR COUNTRY <u>Ireland</u>
			ZIP CODE	
	FULL NAME * OF INVENTOR	FAMILY NAME <u>VIJAYENDRAN</u>	GIVEN NAME <u>Chinnathambay</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Coventry</u>	STATE OR FOREIGN COUNTRY <u>Great Britain</u>	COUNTRY OF CITIZENSHIP <u>Great Britain</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>577 Stoney Stanton Road</u>	CITY <u>Coventry</u>	STATE OR COUNTRY <u>Great Britain</u>
			ZIP CODE	<u>CV6 5ED</u>
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
			ZIP CODE	

Further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United
States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*

Deceased - Completed on added

DATE _____

SIGNATURE OF INVENTOR 202*

DATE 25/8/2001

SIGNATURE OF INVENTOR 203*

DATE _____

*Additional inventors are named on separately numbered sheets attached hereto.

3 JPHLS 1986 695; 100 (COPYING WITHOUT DELETIONS PERMITTED)